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**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLICATION IS A DIV OF 09/086,756 05/27/1998 PAT 6,247,246

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
\*\* 07/31/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 35	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 14
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**  
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**TITLE**  
Microwave moisture analyzer: apparatus and method

<b>FILING FEE RECEIVED</b> 1828	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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